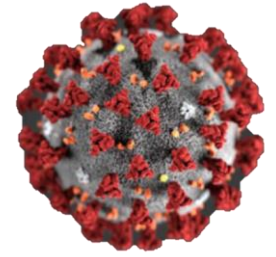


New Hampshire Coronavirus Disease 2019 Weekly Call for Healthcare Providers and Public Health Partners



January 14, 2021

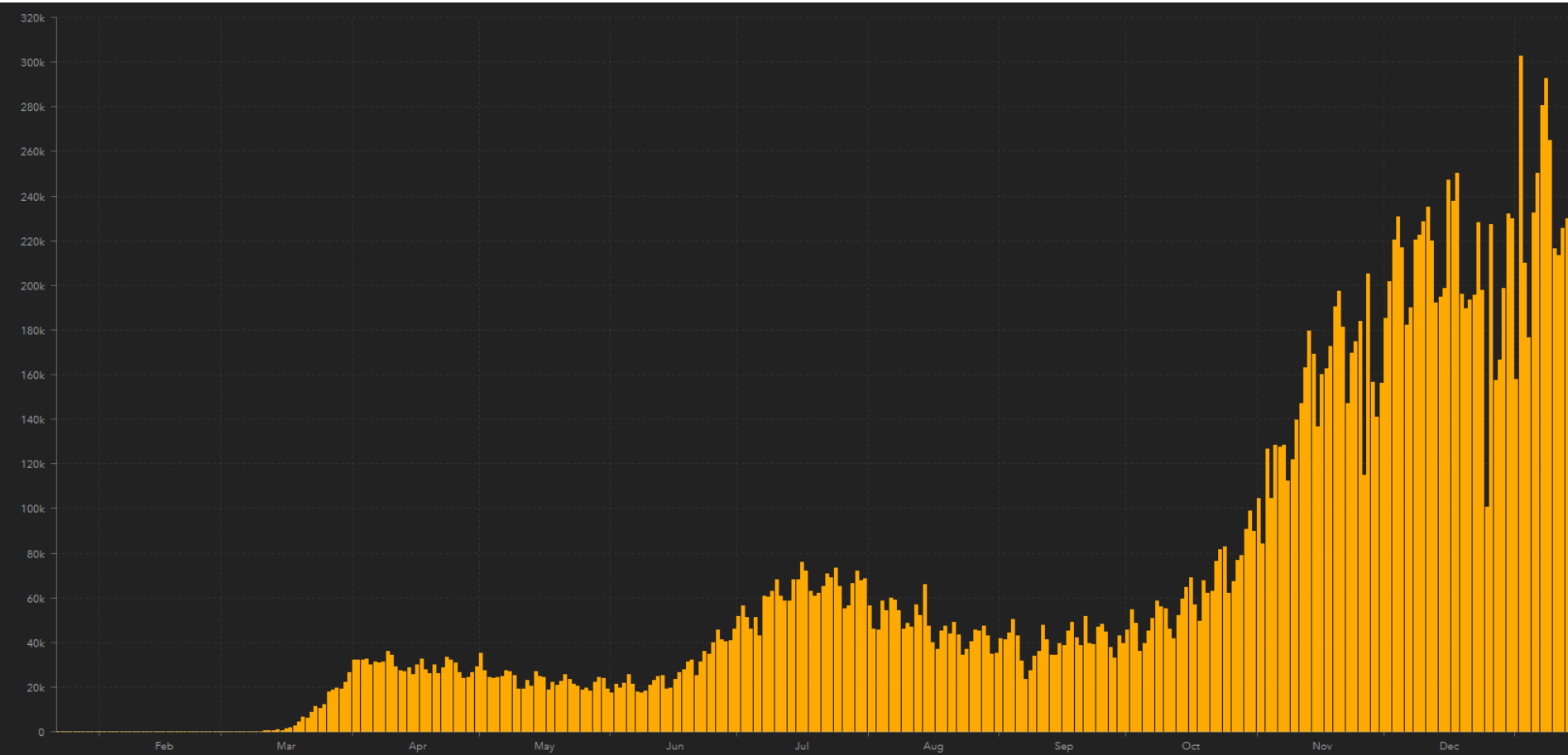
*Ben Chan
Elizabeth Talbot
Beth Daly
Lindsay Pierce*

Thursday noon-time partner calls will focus on science, medical, and vaccine updates geared towards our healthcare partners

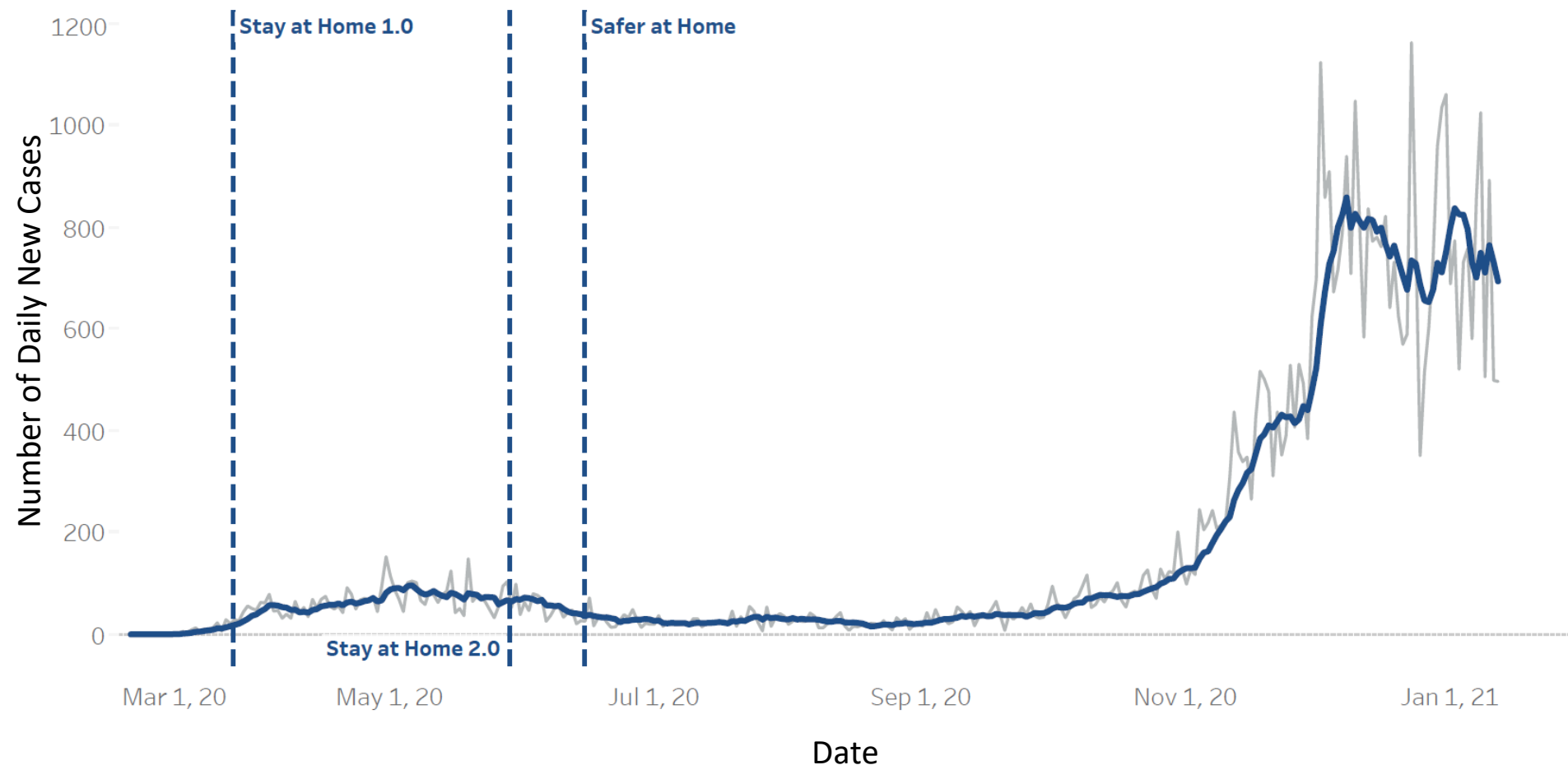
Agenda

- Epidemiology Update
- NH [HAN #33](#)
- [NEJM Publication](#): Interim Results of Phase 1-2a Trial of Ad26.COV2.S Covid-19 Vaccine (Johnson & Johnson)
- Questions & Answers (Q&A)

National Daily Incidence of COVID-19

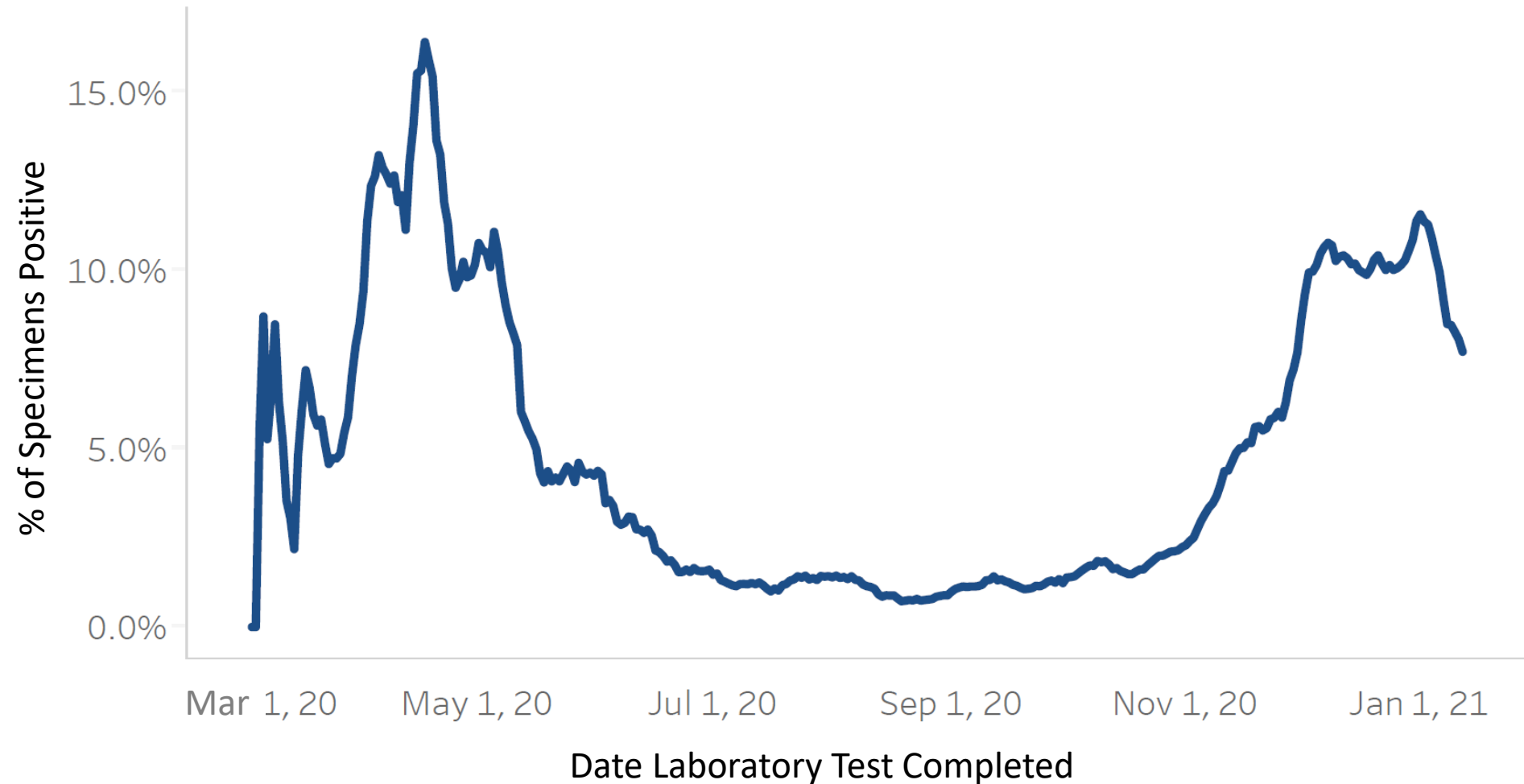


Number of New COVID-19 Cases per Day in NH

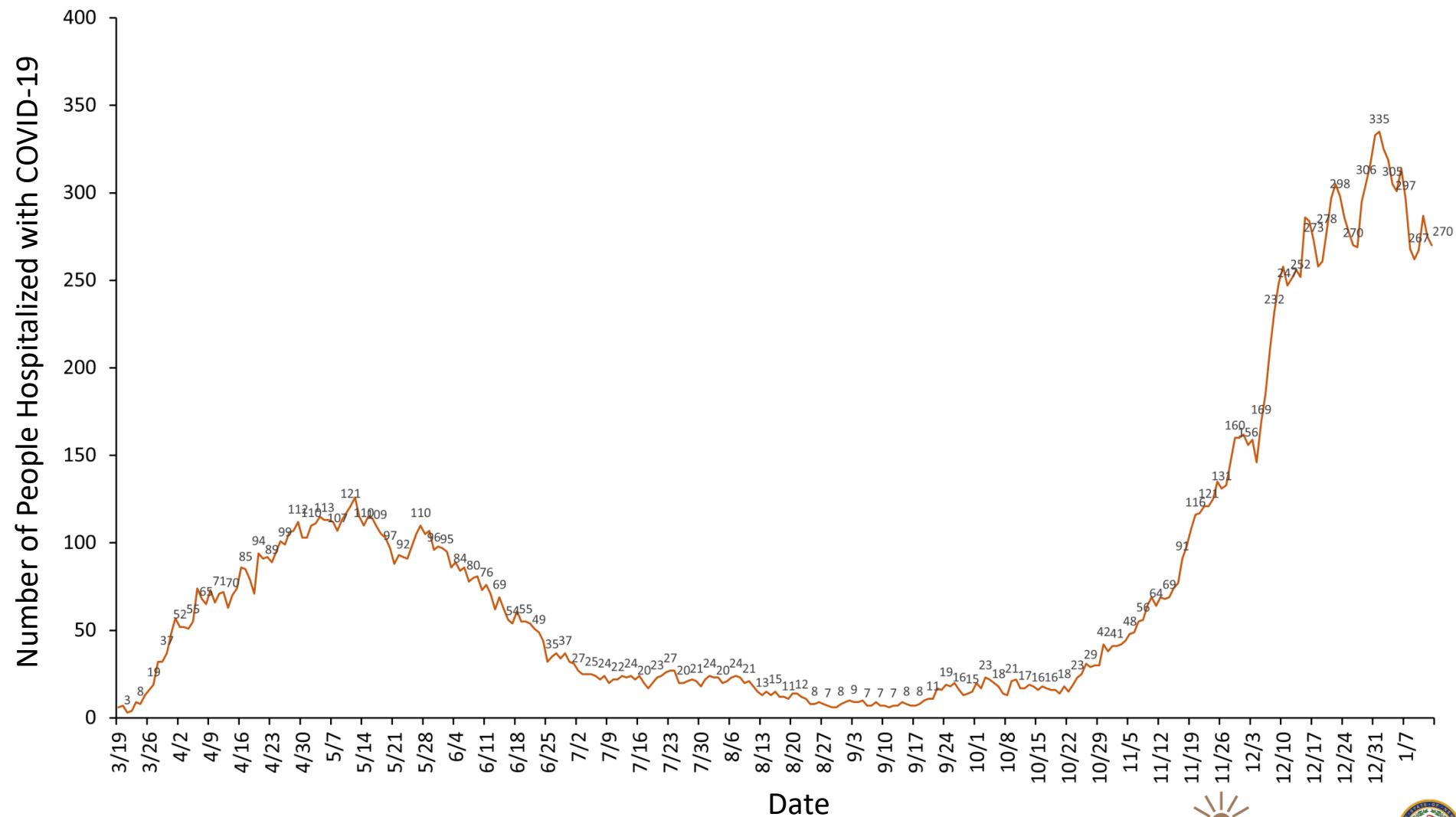


<https://www.nh.gov/covid19/dashboard/overview.htm#dash>

% of Tests (Antigen and PCR) Positive for COVID-19 (7-Day Average)

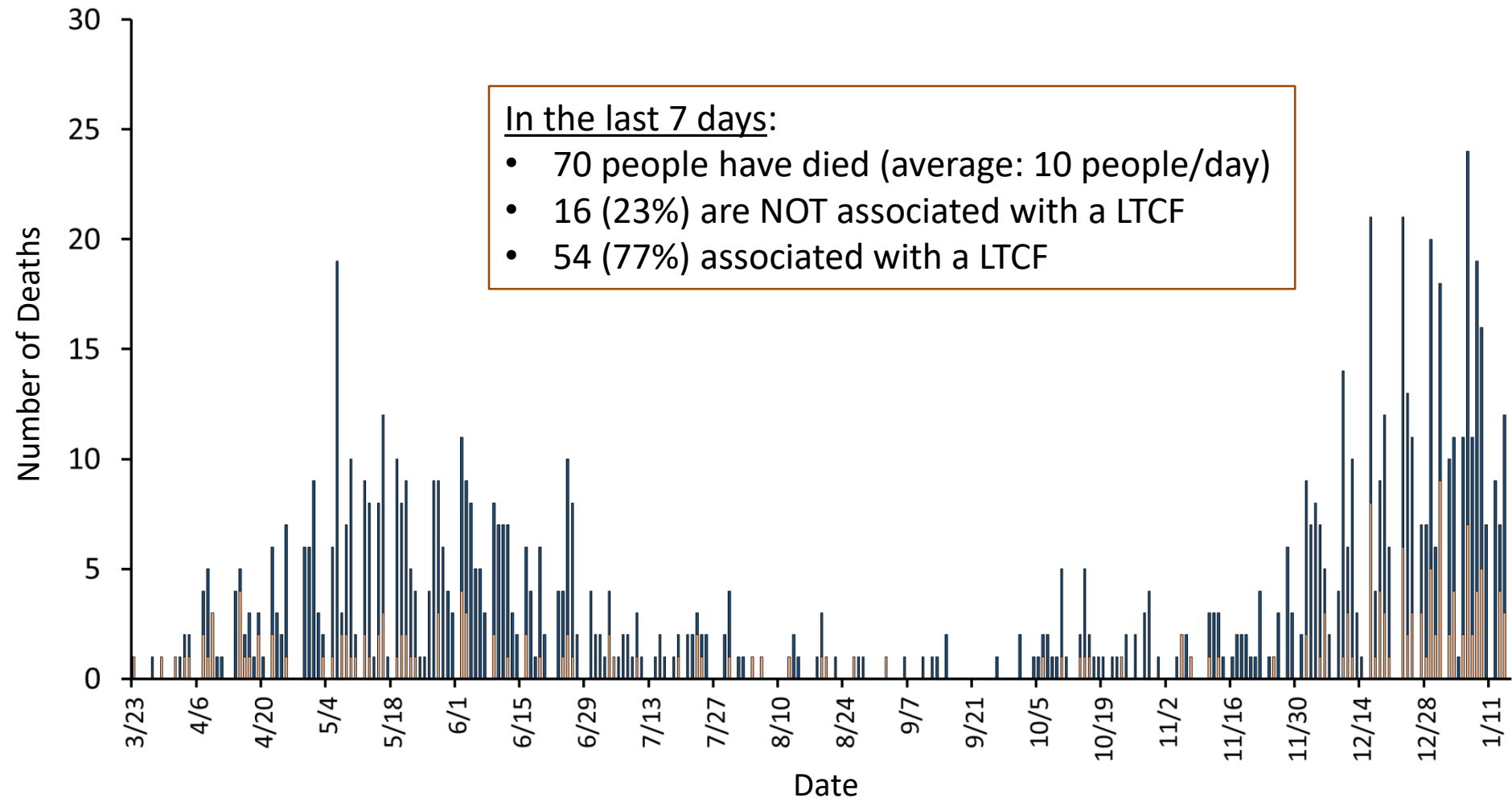


Number of People Hospitalized with COVID-19 Each Day in NH (Hospital Census)



Number of COVID-19 Deaths in NH by Report Date

■ Non-LTCF Associated ■ LTCF Associated



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Distributed by the NH Health Alert Network
Health.Alert@nh.gov
January 11, 2021 Time 1200 (12:00 PM EDT)
NH-HAN 20210111



Coronavirus Disease 2019 (COVID-19) Outbreak, Update # 33 ***COVID-19 Vaccination Allocation Plan Update*** ***Quarantine Guidance Update***

- Removing quarantine requirement for people 14 days beyond their second dose of the COVID-19 vaccine (i.e., fully vaccinated), and people who are within 90 days of previously testing positive for COVID-19 (antigen or PCR test)
- We continue to recommend against all non-essential travel (this is not a free-pass to travel)
- Everybody needs to continue to follow all mitigation guidance (social distancing, avoiding group/social gatherings, wear face masks)
- People with any new or unexplained symptoms of COVID-19 still need to isolate and seek out testing (even if previously vaccinated or infected)

- NH DPHS quarantine guidance for people who are fully vaccinated or previously infected with SARS-CoV-2 has been updated ([Quarantine Guide](#)). This guidance applies to the general public, businesses, schools, and healthcare facilities, including long-term care facilities (LTCFs) and assisted living facilities (ALFs). The following people do NOT need to quarantine after an unprotected exposure to a person with COVID-19, or after travel outside of New England:
 - A person who is 14 days beyond the second dose of their COVID-19 vaccine (i.e., 14 days after full vaccination).
 - A person who is within 90 days of a prior SARS-CoV-2 infection diagnosed by PCR or antigen testing.
 - People with prior infection should be vaccinated to provide the highest level of protection against COVID-19.
- Regardless of prior infection or vaccination status, any person with new or unexplained [symptoms of COVID-19](#) still needs to isolate ([Isolation Guide](#)), and be evaluated for COVID-19 testing.
- NH DPHS and CDC continue to discourage any non-essential travel, even for people fully vaccinated or previously infected because protection is not 100%, durability of immunity is still unknown, and there are new circulating strains of SARS-CoV-2 in other states and countries that are being investigated.
 - See NH DPHS [travel guidance](#).
 - See CDC [travel guidance](#).
- It remains possible that people who are fully vaccinated or previously infected could still acquire asymptomatic SARS-CoV-2 infection, or attenuated (milder) COVID-19. Therefore, even people who are fully vaccinated or previously infected need to continue to practice physical distancing, avoid social groups and gatherings, and wear face masks at all times when in public places and facilities. Healthcare providers should continue to follow all recommended infection control and personal protective equipment (PPE) guidance.

Johnson & Johnson's Ad26.COV2.S Vaccine

- Adenovirus serotype 26 (Ad26) vector – recombinant, replication-incompetent adenovirus vector encoding the SARS-CoV-2 spike protein
- Same platform used in the Ebola vaccine: Ad26-based vaccines have been shown to be safe and highly immunogenic
- 1 dose, Refrigerated (not frozen)
- July 22nd: Started phase 1/2 trials (safety and immunogenicity)
- September 23rd: Phase 3 trial launched (adults 18 years and older)
- October 12th: paused for adverse event
- October 23rd: resumed recruitment
- December 17th: Fully enrolled phase 3 trial with ~45,000 participants (ENSEMBLE study)
 - November 15th: Initiated a 2-dose regimen phase 3 trial (ENSEMBLE 2 study) in parallel – two doses scheduled 8 weeks apart
- Preliminary results from the ENSEMBLE study are expected end of January

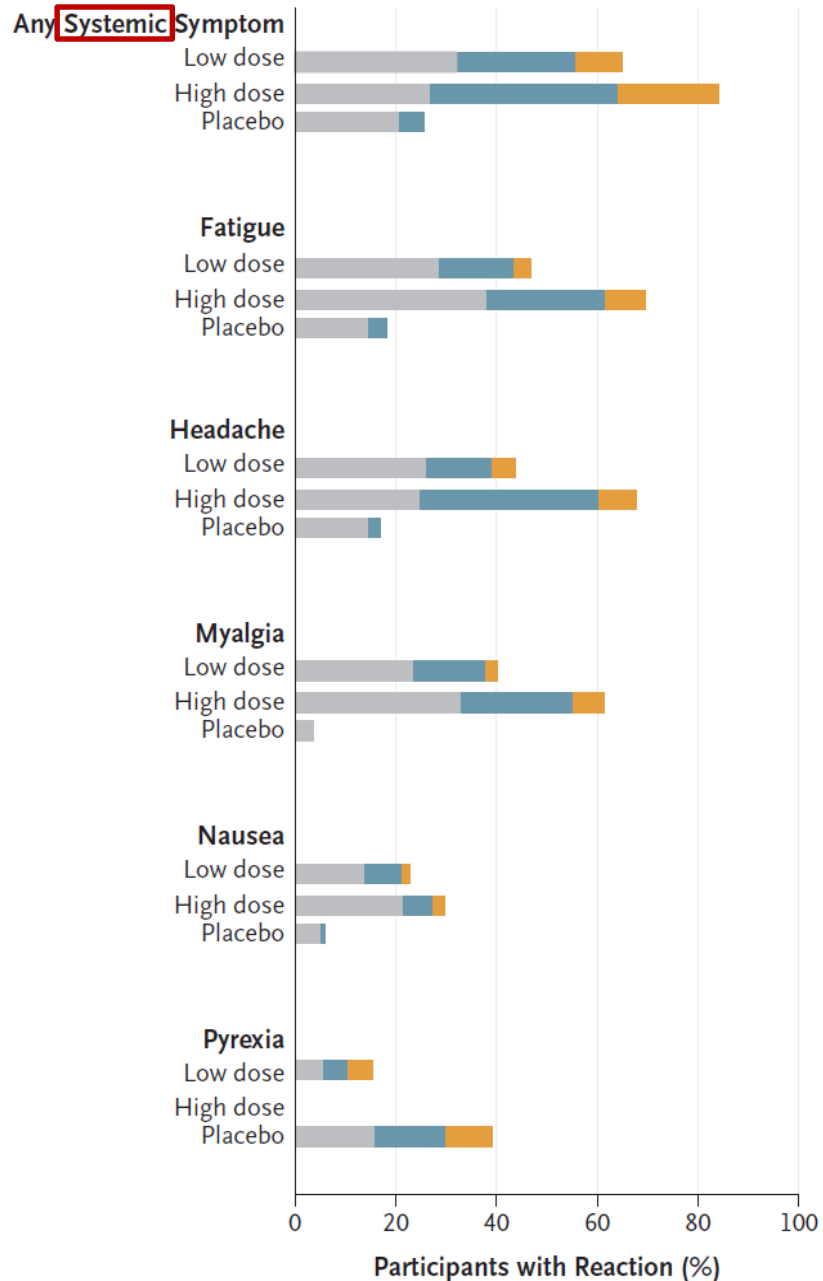
ORIGINAL ARTICLE

Interim Results of a Phase 1–2a Trial of Ad26.COV2.S Covid-19 Vaccine

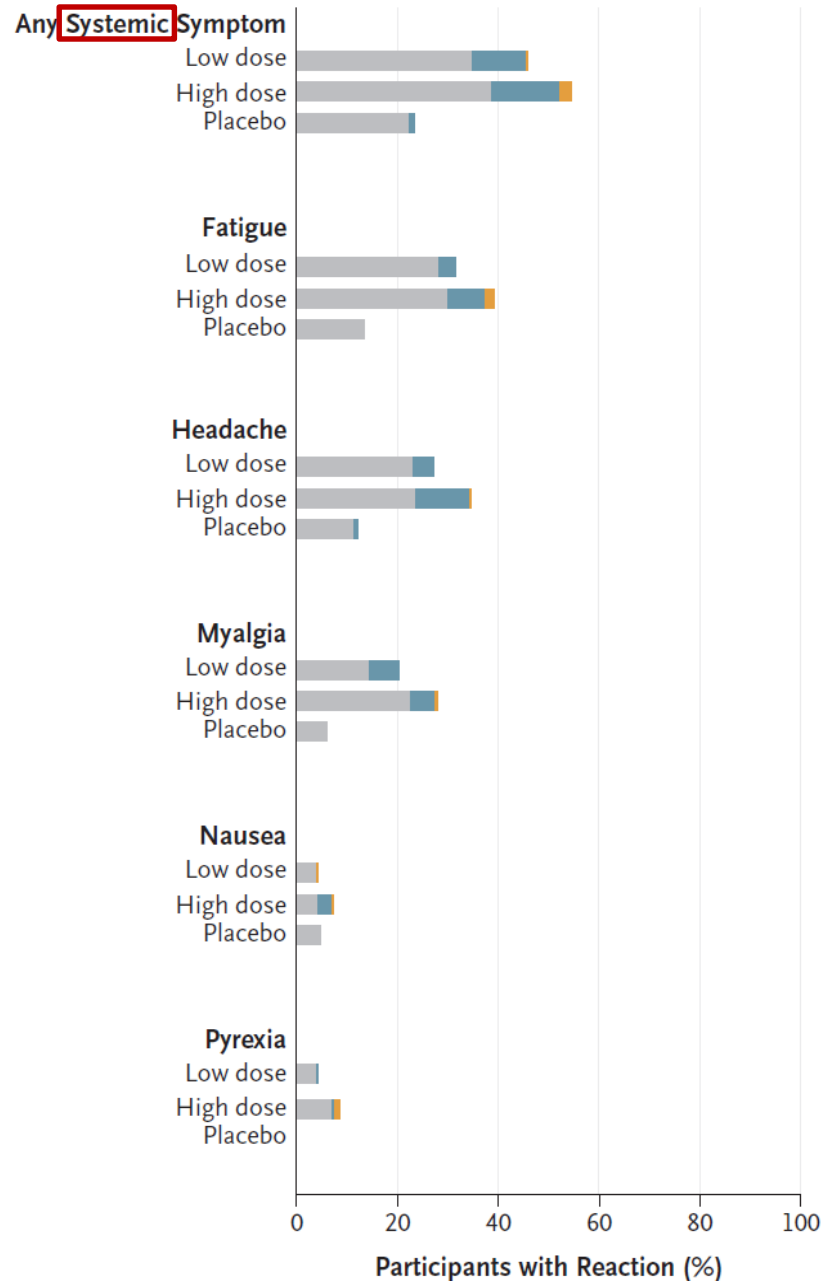
- Cohort 1: participants age 18-55
- Cohort 3: participants age 65 years and older
- Given 1-dose or 2-doses (separated by 8 weeks)
- 5 vaccination groups:
 - Low-dose/Low-dose
 - Low-dose/Placebo
 - High-dose/High-dose
 - High-dose/Placebo
 - Placebo/Placebo

Grade 1 Grade 2 Grade 3

A Solicited Adverse Events in Cohort 1

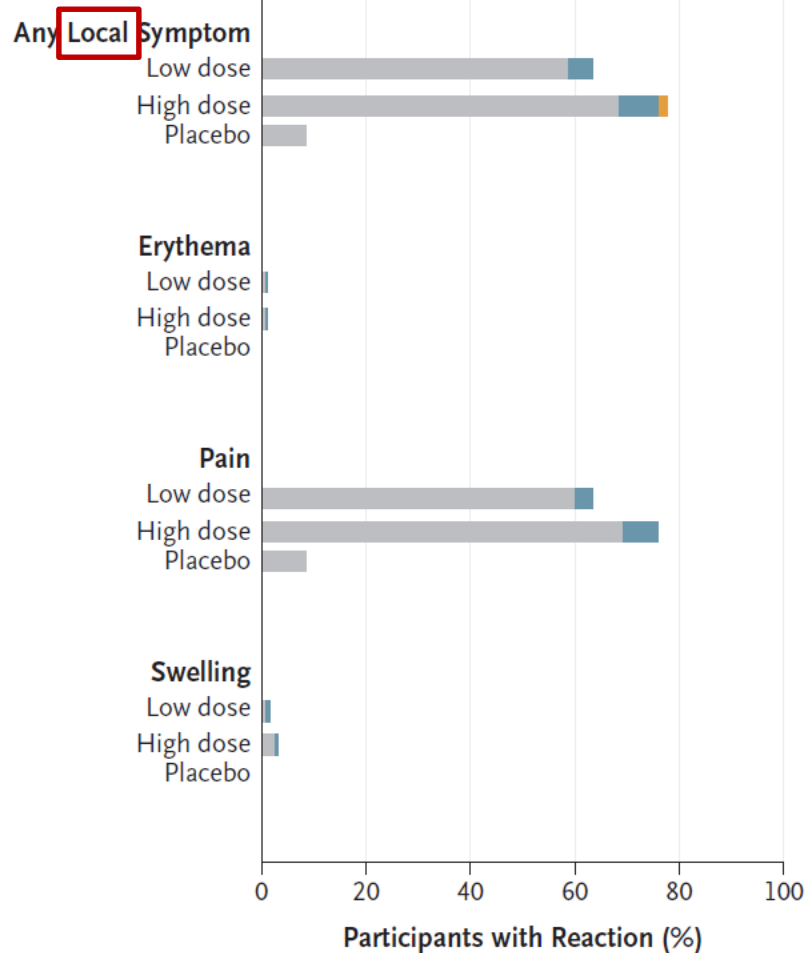


B Solicited Adverse Events in Cohort 3

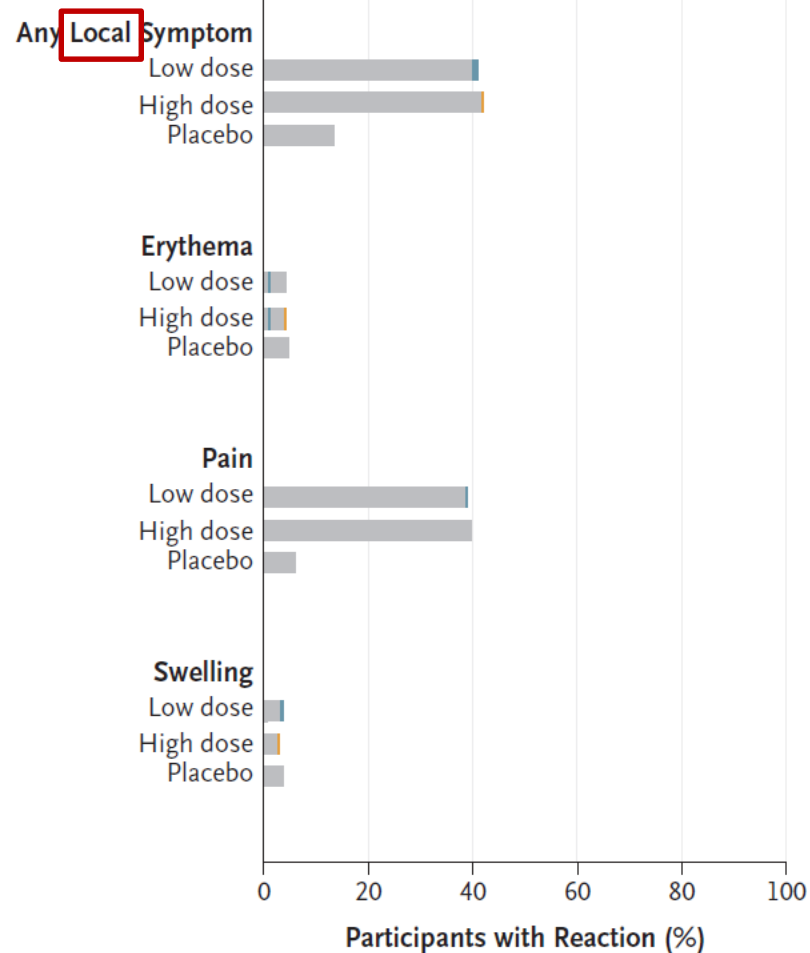


■ Grade 1 ■ Grade 2 ■ Grade 3

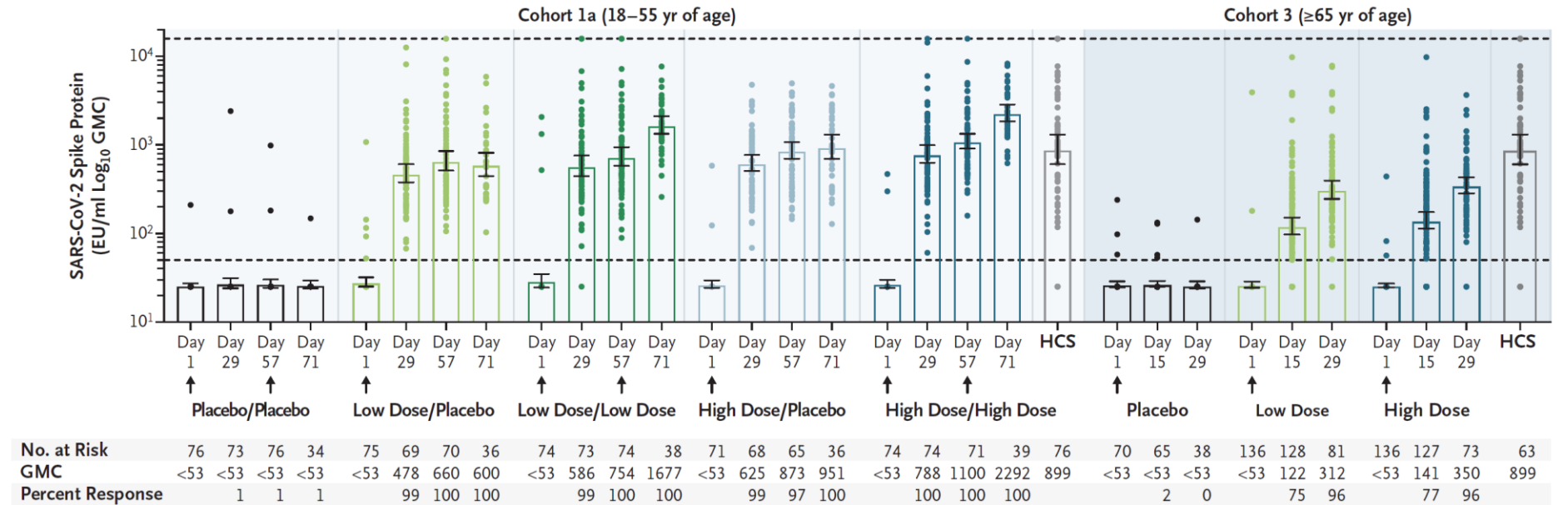
A Solicited Adverse Events in Cohort 1



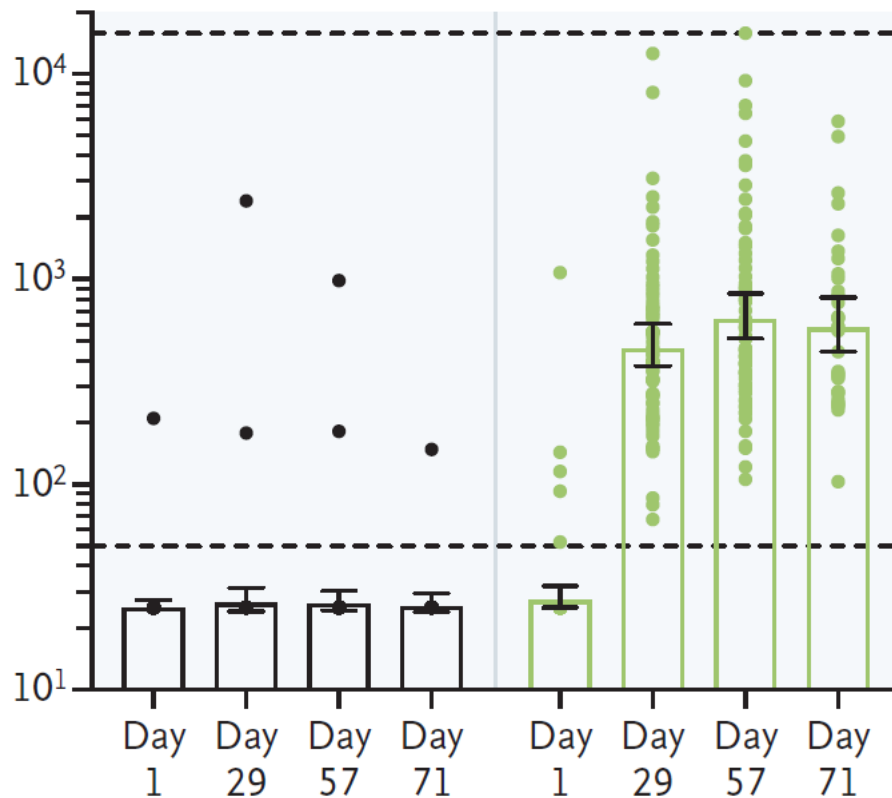
B Solicited Adverse Events in Cohort 3



A ELISA Analysis



SARS-CoV-2 Spike Protein
(EU/ml Log₁₀ GMC)



← Upper limit of assay quantitation

← Level of antibody response (higher is better)

← Lower limit of assay quantitation

← Day of antibody measurement

← Treatment group; arrow indicates day dose was given

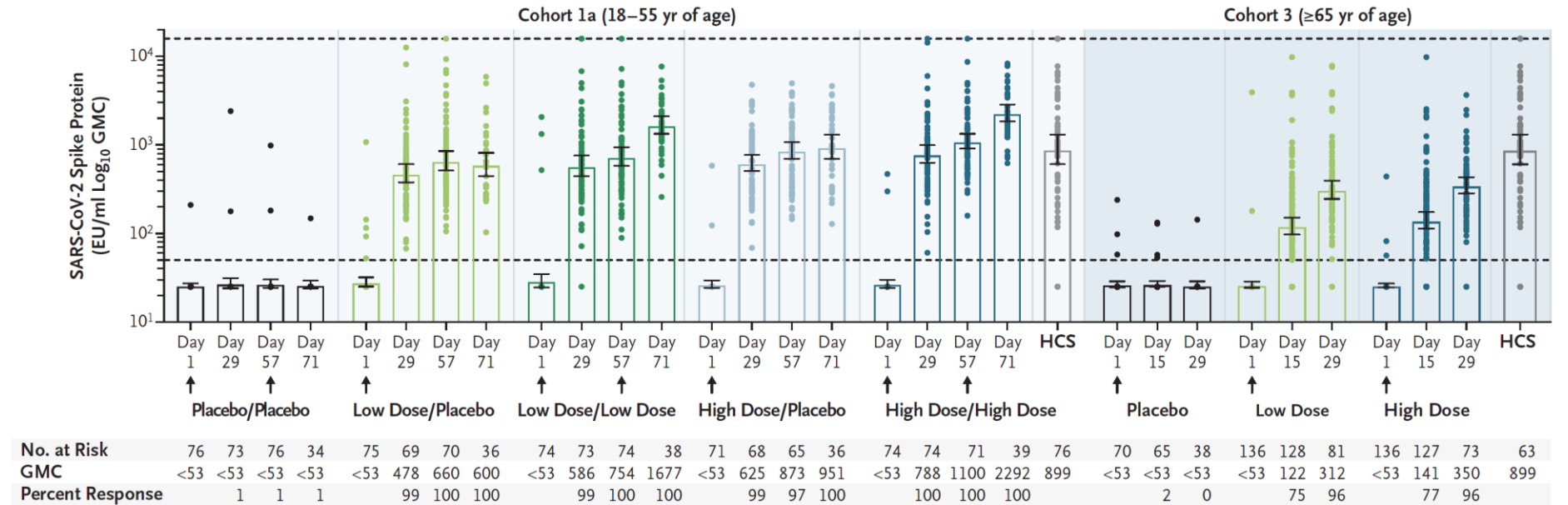
← # in each group

← Geometric Mean Concentration

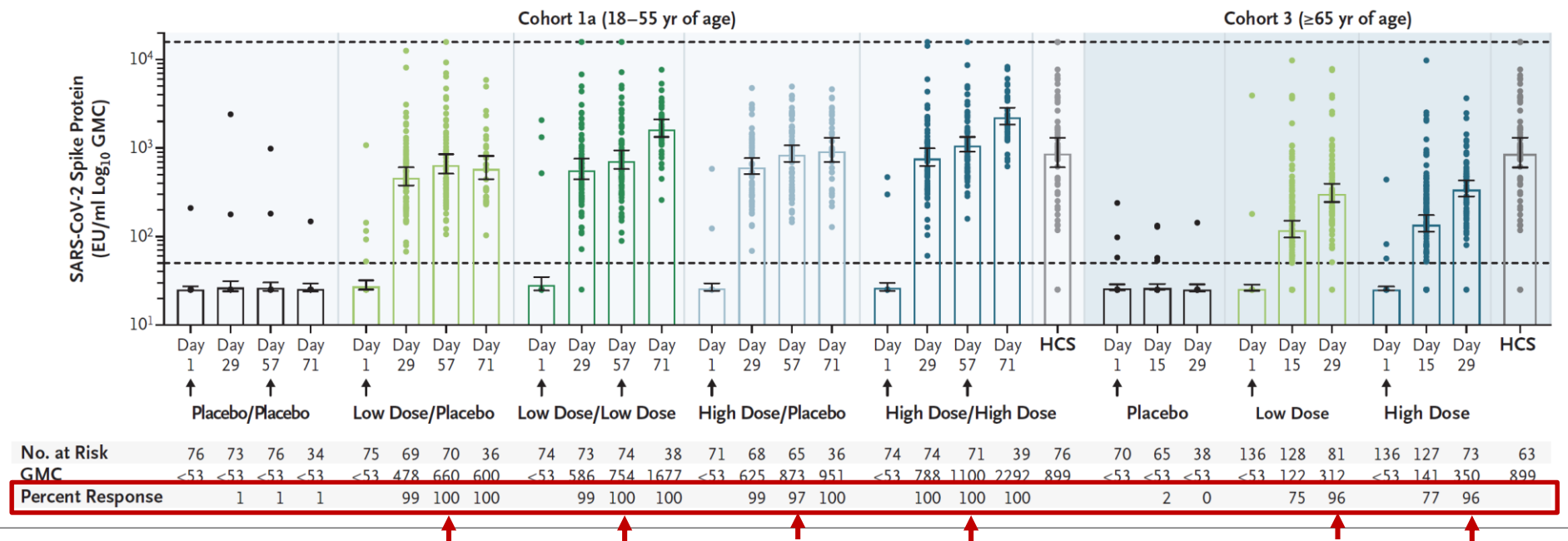
← % "seropositive" (titer above lower limit of quantitation)

No. at Risk	76	73	76	34	75	69	70	36
GMC	<53	<53	<53	<53	<53	478	660	600
Percent Response		1	1	1		99	100	100

A ELISA Analysis

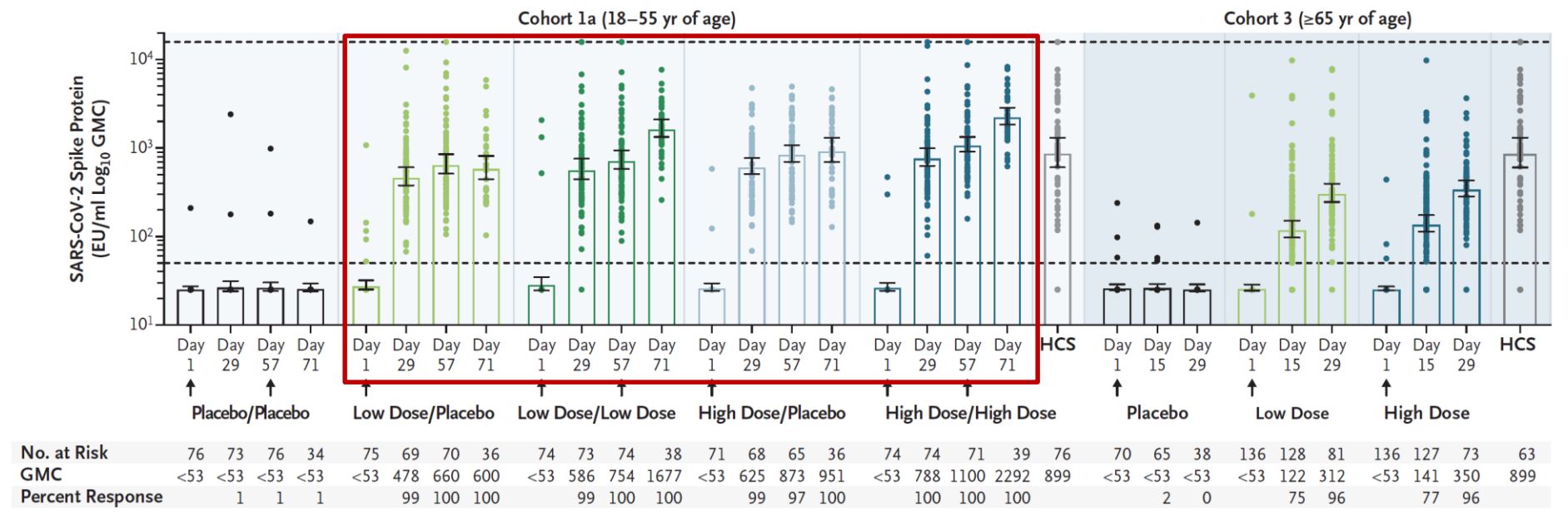


A ELISA Analysis



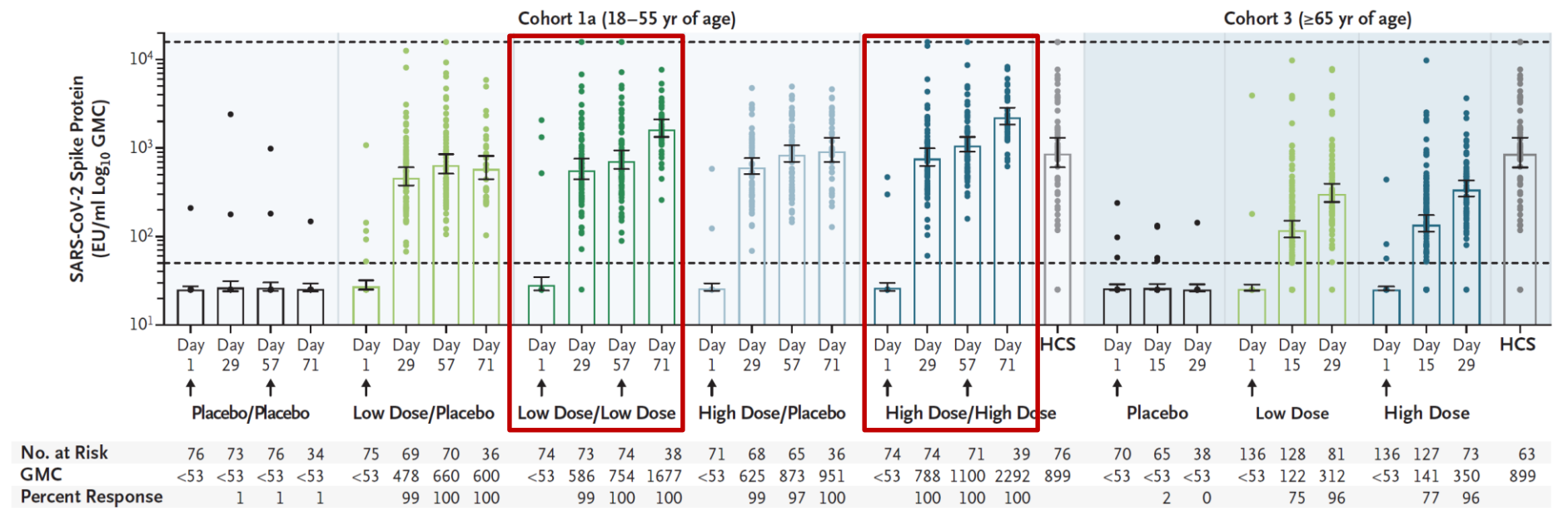
- After a single dose, the incidence of seroconversion was almost 100% in all groups

A ELISA Analysis



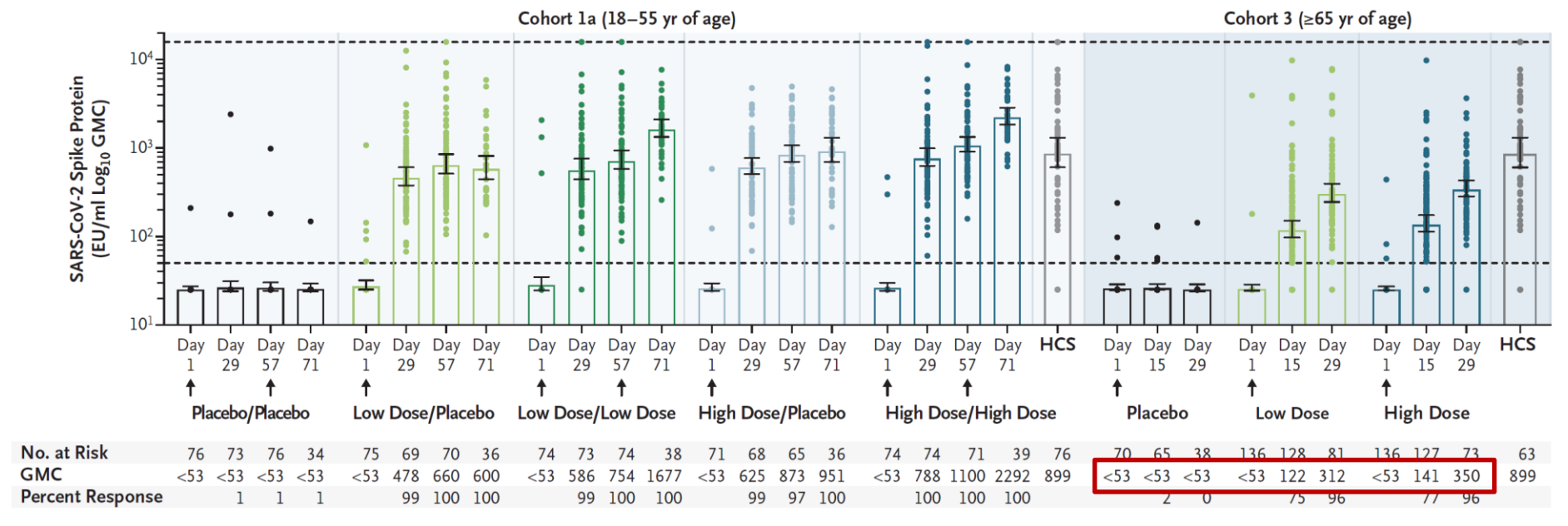
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- During 71 days of follow-up, antibody titers further increased and stabilized

A ELISA Analysis



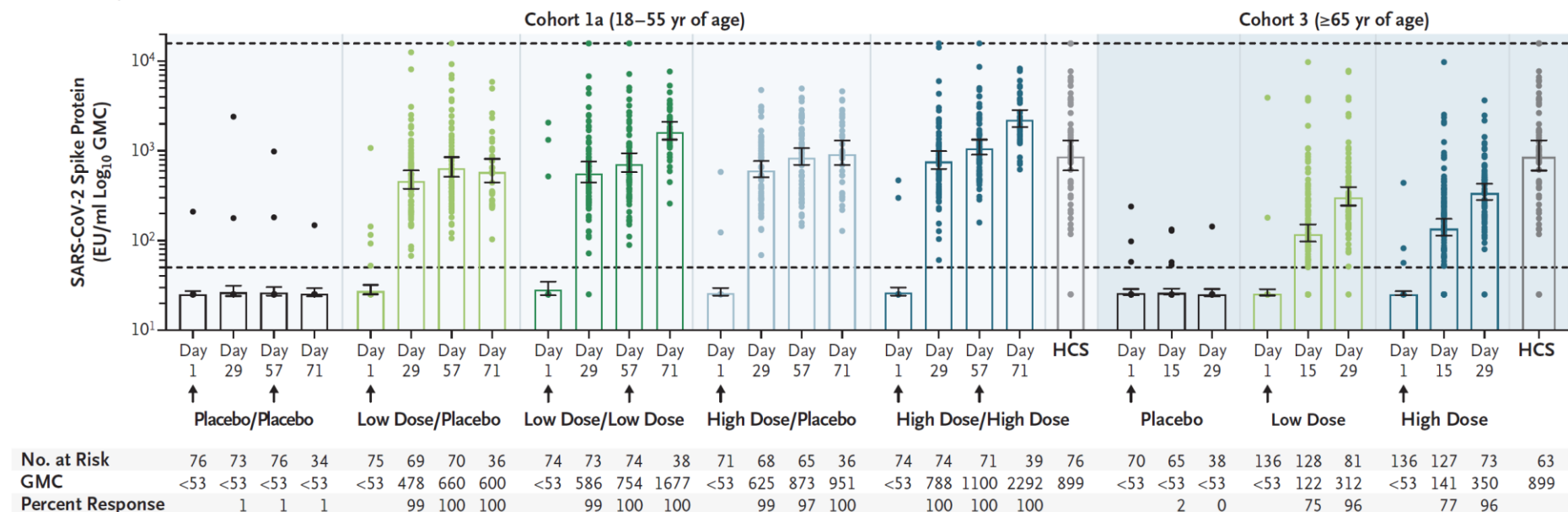
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- During 71 days of follow-up, antibody titers further increased and stabilized
- A 2nd dose at day 57 (Cohort 1) further increased the antibody titer

A ELISA Analysis

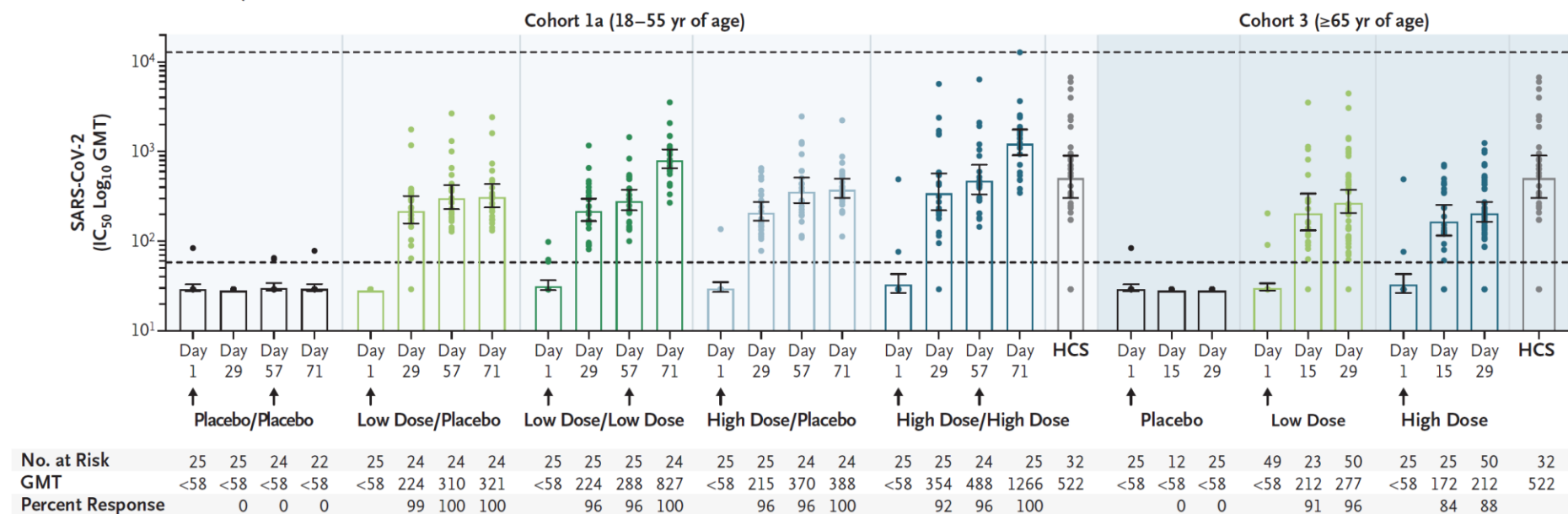


- After a single dose, the incidence of seroconversion was almost 100% in all groups
- During 71 days of follow-up, antibody titers further increased and stabilized
- A 2nd dose at day 57 (Cohort 1) further increased the antibody titer
- In elderly persons, the immune response after the first dose was modestly lower than in younger participants

A ELISA Analysis



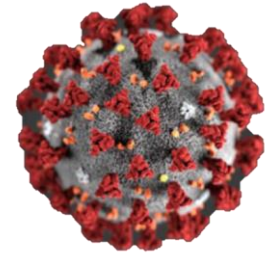
B Virus Neutralization Assay



Summary of Phase 1/2a Vaccine Trial

- Similar side effects compared to the COVID-19 mRNA vaccines
 - A higher percentage of younger participants had side effects
 - 60-80% of cohort 1 had systemic side effects (fatigue, headache, myalgia)
 - 15-40% of cohort 1 reported fever
 - 60-80% of cohort 1 had local side effects (primarily pain at injection site)
- A single dose led to almost 100% seroconversion with increasing and stabilizing titers up to day 71 after vaccination
- Unclear whether the elderly may benefit from a second dose (given lower antibody levels)
- Will need to wait for Phase 3 trial data to assess clinical efficacy at prevention of COVID-19 (possibly by the end of January or beginning of February) – studying both 1 and 2 doses of vaccine

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